



ENERGY RECOVERY/INCINERATION ANNUAL REPORT

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:
FACILITY LOCATION (STREET ADDRESS:	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	
OPERATOR: (Company/Business):	OPERATOR CONTACT (Name):	

Did you operate in _____?

☐ Yes **If yes**, proceed to next section and complete the form.

☐ No **If no**, answer the following questions, sign, date and return. This completes your reporting obligations.

When did you stop operations? _____

Do you plan to restart? ☐ No ☐ Yes When? _____

PLEASE SIGN AND DATE THIS FORM AND RETURN:

Prepared by: _____ Date: _____

PLEASE CHECK IF RECEIVED	RECEIVED (in tons)	INCINERATED (in tons)
<input type="checkbox"/> Municipal/Commercial Solid Waste		
<input type="checkbox"/> Construction/Demolition Waste		
<input type="checkbox"/> Landclearing Debris		
<input type="checkbox"/> Industrial Waste		
<input type="checkbox"/> Inert Waste		
<input type="checkbox"/> Wood Waste		
<input type="checkbox"/> Ash (other than special incinerator ash)		
<input type="checkbox"/> Dredged Materials		
<input type="checkbox"/> Sewage Sludge		
<input type="checkbox"/> Asbestos		
<input type="checkbox"/> Petroleum Contaminated Soils		
<input type="checkbox"/> Other Contaminated Soils		
<input type="checkbox"/> Tires		
<input type="checkbox"/> Medical Waste		
<input type="checkbox"/> Discarded pharmaceuticals/controlled substances		
<input type="checkbox"/> Yard Waste		
<input type="checkbox"/> Food Waste		
<input type="checkbox"/> Other (specify):		
Total		

(form continued on back)

WASTE BY-PASSED FOR (report in tons): Recycling _____ Facility Name _____ Recycling _____ Facility Name _____ Disposal _____ <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite - Facility Name _____ Disposal _____ <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite - Facility Name _____ Composting _____ <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite - Facility Name _____			
FERROUS METALS RECYCLED (in tons): Pre-incineration _____ Post-incineration _____			
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):	
ANNUAL CAPACITY : _____		REMAINING YEARS OF OPERATION: - _____	
POWER PRODUCED ANNUALLY: _____ kilowatt hours OTHER FUELS BURNED: <input type="checkbox"/> Natural Gas _____ cubic feet <input type="checkbox"/> Distillate Oil _____ gallons <input type="checkbox"/> Coal _____ tons <input type="checkbox"/> Other _____			
ASH DISPOSED: _____ tons ASH DISPOSAL FACILITY _____			
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____ Planned start date: _____			
DID YOU RECEIVE WASTE FROM:	WHERE FROM	TYPE OF WASTE	EST. AMOUNT (Tons or Cubic Yards)
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PREPARED BY:		DATE:	PHONE: